

**SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION (Rev. 5/02)**

Please send the original and a copy with a \$50.00 registration fee, made
Payable to the Treasurer of Virginia to:

*Secretary of the Commonwealth
Post Office Box 2454
Richmond, Virginia 23218-2454*

FOR OFFICE USE ONLY

Principal Record # _____

Date Received _____

Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____

(1a) **What type of business is the principle engaged in:**

(2) **Federal identification number of Principal:** _____

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 3a and 6 of this form.*

(3a) **Name:** _____

(3b) **Business Address:** _____

(3c) **Business Telephone:** _____

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 4d.

(4a) **Name:** _____

(4b) **Business Address:** _____

(4c) **Business Telephone:** _____

(4d) **Business Address/Telephone number of location where records are stored:**

(5) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the *PRINCIPAL* listed in item 1 of your registration form.**

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(6) **LOBBYIST:** _____

(6a) **Social Security Number:** _____

(6b) **Business Address:** _____

(6c) **Business Telephone:** _____

(6d) **E-Mail Address:** _____

Individual who will retain ALL records, in behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(7a) **Name:** _____

(7b) **Business Address:** _____

(7c) **Business Telephone:** _____

(7d) **Business Address/Telephone number of location where records are stored:**

(8) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)

(9) **As a lobbyist, you are:** (check one)

- ☐ **Employed** (lobbyist is on payroll of principal)
☐ **Retained** (Lobbyist is not on payroll of principal, but is compensated)
☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9a) **If you are *employed* either part-time or full-time by the principal, please give your job title:**

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: _____ Lobbyist's Signature: _____

The Commonwealth of Virginia requests each lobbyist to submit a social security number on a voluntary basis. This number is used as a unique number for identification in processing forms for registration and disclosure. (Public Law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Section 7(b) of this law requires that any Federal, State or Local agency that requests an individual to disclose his or her social security number inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority the number is solicited, and what uses could be made of it.)